

**Diet & Physical Activity Committee Meeting #1**

**August 15, 2002, 3-6pm**

**Johns Hopkins School of Public Health, Suite E6519**

**⇒ Introductions and background information**

- Committee members and staff introduced themselves, giving name and affiliation.
- Robert Villanueva, Executive Director of the State Council on Cancer Control, briefly reviewed the application for funding from the CDC and outlined the idea of comprehensive cancer control. He also reviewed the organizational structure of the planning process and the evaluation component of the grant. Evaluation surveys must be completed by each committee member at the end of each meeting. Evaluations can also be completed online at <http://www.marylandcancerplan.org/evaluation.html>
- Kate Shockley, Program Coordinator for the Maryland Cancer Plan, reviewed the draft meeting structure for the committee. She gave a general description of the timeline and major events in the planning process including the Town Hall Meetings and Consensus Conference. She described the use of the website for posting of meeting minutes and information, and committee members agreed to have their names and affiliations listed on the website.

**⇒ Presentation: Diet & Physical Activity and Cancer (Dr. Elizabeth Platz)**

- Review of basic trends in incidence and mortality for all cancers. Men have higher incidence and mortality than women, and there is a dramatic peak in incidence for men in the mid-1990s. This peak was due to the onset of prostate cancer screening. Mortality due to cancer is decreasing slowly for men and women. The top 4 cancer sites are prostate, breast, lung, and colorectal for men and women.
- Review of the definition of epidemiology, which is the study of the frequency, patterns, and causes of disease.
- Explanation of several types of epidemiological studies, including the case-control study and the prospective cohort.
- Description of measures used for disease frequency, including risk, relative risk (RR), and population attributable risk (PAR). The latter is dependent on the prevalence of an exposure. Review of examples of PAR.
- Review of risk factors for cancer. Approximately 35% of cancer is attributable to diet, obesity, and inactivity.
- Explanation of energy imbalance, which is too much energy intake relative to body size and level of physical activity.
- Review of obesity statistics and measures of obesity, including body-mass index (BMI) and waist circumference. Obesity is increasingly prevalent in youth.
- Review of correlation between high BMI and increase risk of cardiovascular death and high BMI and increased cancer death.
- Examination of evidence showing a beneficial effect of physical activity in avoidance of colon cancer.
- Description of a cell-molecular model depicting the development of cancer as stimulated by poor energy balance. IGF-1 and VEGF are prevalent when the body is in poor energy balance and lead to increased cell proliferation and neovascularization.
- Review of factors leading to poor energy balance for Americans including increased energy intake (due in part to large portion sizes) and a more sedentary lifestyle (due in part to more TV, video games, etc.).
- Breakdown of the components of food, including macronutrients vs. micronutrients, additives, and contaminants.
- Description of a food-frequency questionnaire, which is a tool used to examine the components of the diet of individuals.

- Review of a study (Platz, et al, 2000), which indicates that colon cancer may be up to 71% preventable due to factors such as obesity, inactivity, alcohol consumption, red meat consumption, and folic acid consumption.
- Review of the American Cancer Society guidelines for Nutrition and Physical Activity and for Community Action.

#### ⇒Discussion

Comments and discussion after the presentation included the following ideas:

- Youth should be targeted as well as adults.
- How to change unhealthy behaviors must be a major consideration. Suggestion to invite someone with expertise in behavior change to join the committee.
- A hierarchy of needs exists within some populations and nutrition and exercise may not rank very high.
- The role of community organizations that promote healthy eating.
- The importance of role models in behavior change.
- Consider some type of counter-advertising to detract from the mass marketing of unhealthy foods.
- Moderation as a component of the educational message.
- Investigate medical school curricula and continuing education related to nutrition.
- Unhealthy school lunch programs and possible policy solutions.
- The role of organic food and farmers markets in the promotion of healthy eating habits.